UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

The Estate of Joseph P. King, by and through its Administratrix, Amy King, and Amy King in her own right,
Plaintiff,

-against-

Anthony J. Annucci, Acting Commissioner, State of New York Department of Corrections, in his individual capacity; and Marie T. Sullivan, Commissioner, State of New York Department of Mental Health, in her individual capacity; Jami Palladino, Mid-State Social Worker, in her individual capacity; Hal Meyers, Mid-State Chief Mental Health Counselor, in his individual capacity,

Defendants.

DECLARATION OF ANTHONY J. ANNUCCI

9:20-CV-1413 (TJM/ML)

Anthony J. Annucci, on the date noted below and pursuant to § 1746 of title 28 of the United States Code, declares the following to be true and correct under penalty of perjury under the laws of the United States of America:

1. I have been the Acting Commissioner of the New York State Department of Corrections and Community Supervision ("DOCCS") since May 2013.

2. I am named as a Defendant in the instant matter and make this declaration in support of Defendants' motion for summary judgment. No other DOCCS employee is named in this matter. Indeed, neither Defendant Palladino nor Defendant Meyers are DOCCS' employees.

3. This declaration is based on my personal knowledge of DOCCS' standard practices, my review of the records maintained in the ordinary course of business and/or upon information and belief.

4. I have been informed that the Plaintiff brings this action against me and

claims that I violated the decedent's Eighth Amendment rights, such that I was deliberately indifferent to his serious mental health needs. I was further informed that Plaintiff alleges I failed to properly train and supervise my employees and that my negligence led to decedent's suicide on November 16, 2018. Finally, I was informed that Plaintiff claims I failed to use a requisite standard of care to decedent that caused his death.

5. Pursuant to New York State Correction Law §§5 and 7, as Acting Commissioner, I am the Chief Executive Officer of DOCCS, and am responsible for the overall management of the Department.

6. As Acting Commissioner, I am responsible for the confinement and rehabilitation of over 31,000 individuals in custody at 44 state facilities, as well as the supervision of over 19,000 parolees in the community.

7. As Acting Commissioner, I am required by practicality to rely on Deputy Commissioners, facility Superintendents, and other subordinate staff members to ensure the safe and secure operation of the Department.

8. My responsibilities as the Acting Commissioner towards the decedent were related to my general duties of superintendence, management, and control of the correctional facilities of DOCCS and of the incarcerated individuals therein.

9. However, I never spoke to the decedent, Joseph P. King, at any time prior to his death. I never received any correspondence from him while he was in DOCCS' custody. Further, I never received and/or reviewed his medical records or mental health records.

10. As the Acting Commissioner, I did not personally provide the decedent with any medical or mental health treatment.

11. DOCCS does maintain several policies regarding the mental health treatment of

incarcerated individuals, including the following which are incorporated herein by reference:

- Attached as Exhibit "A" is DOCCS Directive 4101, Incarcerated Individual Suicide Prevention;
- Attached as Exhibit "B" is DOCCS Directive 4302, Transfer to Mental/Health Care Unit;
- Attached as Exhibit "C" is DOCCS Health Services Policy Manual 1.15, Mental Health Services;
- Attached as Exhibit "D" is DOCCS Health Services Policy Manual 1.44, Health Screening of Incarcerated Individuals.

Dated: 1/3/23
Albany, New York

Anthony J. Annucci

EXHIBIT A

NEW YORK STATE Corrections and Community Supervision **DIRECTIVE**	TITLE **Inmate Suicide Prevention**		NO. 4101 DATE 1/25/2018
SUPERSEDES DIR # 4101 Dtd. 02/28/17	DISTRIBUTION A B	PAGES PAGE 1 OF 17	DATE LAST REVISED 07/25/2019
REFERENCES (Include but are not limited to) Correction Law §2, §47, §137; CNYPC CBO Policy and Procedure Manual; Directives #2208, #2230, #4004, #4013, #4026, #4059, #4301, #4309, #4933; ACA Expected Practices 4-4256, 4-4257, 4-4368,4-4371, 4-4373, 4-4389, 4-4400, 4-4416	APPROVING AUTHORITY Byron Hi C James A. O'Gorman		

I. OVERVIEW: It is the policy of the Department of Corrections and Community Supervision (DOCCS) to effectively monitor all inmates for the potential for self-harm or suicide attempts in order to ensure the effective delivery of mental health care by the New York State Office of Mental Health (OMH) and to preserve the safety and lives of the inmates under its custody. Each of the sections contained in this policy is an important component of a comprehensive suicide prevention program and the Department will ensure that all staff are aware of the provisions contained herein and that the mandates of each section are followed. All staff have responsibility for preventing suicides by effectively monitoring inmates, understanding potential suicide indicators, and knowing the appropriate responses when it is determined that an inmate may be at risk for self-harm or suicidal behavior. It is understood that all suicidal threats, attempts, or indicators are to be taken seriously given the potential risk to the life of an inmate.

The Department shares responsibility with OMH for the prevention of inmate suicides through our collaborative working relationship as set forth in the DOCCS/OMH Memorandum of Understanding. Through mutual respect and cooperation each agency will be able to fulfill its respective role in ensuring the safety of staff and inmates in DOCCS facilities and that DOCCS inmate population receives the highest quality of mental health care. The Department also has an ethical responsibility to respond to, support, and assist employees exposed to a critical incident such as when an inmate has had a serious suicide attempt or completed suicide. The level of support for involved employees will be determined at the facility level by the Superintendent.

II. SCREENING AND ASSESSMENT: While the assessment of suicide risk should not be viewed as a single event, but as an ongoing process, initial entry to the Department can be a critical time of risk for suicidal behavior. Other points during incarceration may also be associated with an increased risk for suicidal behavior. Formal screening and assessment of inmates for potential suicidal behavior will occur at several times and under certain circumstances during an inmate's time in DOCCS, as indicated below:

A. Initial Departmental Reception and Classification and Upon Transfer

1. At all reception and intake centers, DOCCS will make inmates available for OMH to conduct a suicide screening on the day of their arrival.
2. As part of the reception process, other formal screening will be provided. Health Services staff will complete the Department's standardized Form #3278MED, "Health Screening for Reception/Classification, Transfers, SHU or Separate KL

Unit or Adolescent Offender Admissions," Form #3278MH, "Mental Health Screening for Reception/Classification, Transfers, SHU, Separate KL Unit or Adolescent Offender Admissions," and Form #3278PREA, "PREA Screening for Reception/Classification, Transfers, SHU, Separate KL Unit or Adolescent Offender Admission," and Classification staff will complete the Department's standardized "Reception Assessment Worksheet," Form #2900.

3. In addition to these screening measures, all inmates, as part of the reception and intake process, will be given Form #DC056, a Suicide Prevention pamphlet designed for inmates to keep in their possession. They will also be given orientation about the mental health services that are provided by staff of OMH and how to access that mental health care if they feel the need.

4. Staff will encourage inmates to be alert for suicidal potential in themselves or their fellow inmates, and to inform DOCCS or OMH staff immediately if they feel like harming themselves, or are feeling suicidal, or if they notice another inmate may be contemplating an act of suicide or self-harm.

B. Upon Transfer: Health Services will complete the Department's standardized Form #3278MH, Form #3278MED, and Form #3278PREA for inmates being transferred within the DOCCS system. .

C. Admission to Special Housing Unit (SHU) Separate Keeplock (KL) Unit or Adolescent Offender Supervision Unit (AOSU)

1. Placement in a Special Housing Unit/Separate Keeplock Unit/AOSU may be a time when an inmate/Adolescent Offender experiences an increased level of agitation, anxiety, or feelings of depression. Staff should be especially alert for signs and symptoms of the potential for self-harm or suicidal behavior at this time.

2. Health Services will complete the Department's standardized Form #3278MH, Form #3278MED, and Form #3278PREA for all inmates/Adolescent Offenders admitted to a SHU, KL/AOSU as soon as possible, but not later than 24 hours after admission.

3. DOCCS Evaluation: Upon placement of an inmate into segregated confinement, a suicide prevention screening instrument, Form #3152-SHU/KL, "Suicide Prevention Screening Guidelines – SHU/Keeplock (KL) Admission," is to be administered by the SHU/Separate KL Unit Security Supervisor. Form #3152-SHU/KL is to be administered upon admission and readmission to SHU/Separate Keeplock Unit or upon transfer into SHU/Separate Keeplock Unit from another facility's SHU/Separate Keeplock Unit. In addition, if, as a result of conversion of SHU time to Keeplock, an inmate is moved from SHU to a Separate Keeplock Unit, a new Form #3152-SHU/KL will be completed by the Security Supervisor. Each subsequent admission to a SHU or Separate Keeplock Unit will require the completion of a new Form #3152-SHU/KL even if the SHU and Separate Keeplock Units are in the same facility (i.e., if an inmate is taken to Residential Crisis Treatment Program (RCTP) and subsequently returned to SHU). Upon admission, Form #3152-SHU/KL is completed, and an entry should be made in the unit activity logbook that it was completed and indicating the outcome.

a. The following facilities have designated Separate Keeplock Units as defined in §2 of the Correction Law:

- Albion
- Attica
- Clinton
- Clinton Annex
- Coxsackie
- Elmira
- Fishkill
- Five Points
- Great Meadow
- Taconic

b. If an inmate is taken to the infirmary on the way to SHU/Separate Keeplock Unit, the suicide prevention screening form, Form #3152-SHU/KL, is not to be completed until the inmate is in the SHU/Separate Keeplock Unit admission area.

c. If the screening form indicates that an inmate may be at risk of suicide, appropriate safety precautions must be taken and an OMH clinician must be notified. Any response indicated by an asterisk (***) check box requires an immediate telephone referral to Mental Health at a facility with mental health services. At facilities without any Mental Health staff, refer to procedures outlined in Section IV of this directive. In either situation, the Watch Commander is to be notified by phone. Form #3152-SHU/KL serves as the mental health referral for both immediate and regular mental health referrals. No additional referral form is necessary.

It is essential that recommended actions and notification are initiated and clearly documented on the form as well as in the SHU/Separate Keeplock Unit activity logbook. This includes whether or not Mental Health was notified, the type of notification, how they were notified, and, if it was an immediate referral, the name and title of the OMH clinician who was contacted. In addition, any and all instructions from OMH and the Watch Commander in response to an immediate referral must be documented in the SHU/Separate Keeplock Unit activity logbook. Regular OMH referrals are outlined in Section IV of this directive.

4. OMH Evaluation

a. SHU/KL: In accordance with §137 of the Correction Law, within one business day of the placement of an inmate into segregated confinement at an OMH level 1 or level 2 facility, each inmate shall be assessed by a mental health clinician. Per Central New York Psychiatric Center's (CNYPC) Corrections Based Outpatient Operations (CBO) Policy and Procedure Manual, any inmate previously admitted to a SHU/Separate Keeplock Unit and having subsequently left the SHU/KLU for at least one day for the purpose of a Residential Crisis Treatment Program (RCTP) admission, an infirmary admission, an outside trip of any type, or for any other reason, will receive a SHU Mental Health Assessment within one business day of their return to SHU.

For OMH level 3 and 4 facilities, evaluation by an OMH clinician will take place within 14 days of admission. Any inmate previously admitted to a SHU/Separate Keeplock Unit and having subsequently left the SHU/Separate Keeplock Unit for at least one day for the purpose of RCTP admission, an infirmary admission, an outside trip of any type, or for any other reason, will receive a SHU/Separate Keeplock Unit Mental Health Assessment within 14 days of their return to SHU/Separate Keeplock Unit.

b. All inmates in SHU or Separate Keeplock Unit at an OMH level 1 or 2 facility will be re-assessed by an OMH clinician within 14 days of their SHU Intake Mental Health Assessment and at least every 30 days thereafter.

c. All inmates in SHU or Separate Keeplock Unit at an OMH level 3 or 4 facility will be re-assessed by an OMH clinician within 30 days of their SHU Intake Mental Health Assessment and at least every 90 days thereafter.

d. For OMH level 6 facilities, a qualified mental health professional must interview the inmate, in person or by video conference, and prepare a written report on any inmate remaining in segregation for more than 30 days. If confinement continues beyond 30 days, a Mental Health Assessment by a qualified mental health professional must be completed at least every 90 days.

e. For an OMH level 6 SHU, the Offender Rehabilitation Coordinator (ORC) will be responsible for maintaining a list of inmates that must be seen for the required 30 and 90 day Mental Health evaluations as described above. The list will be sent to the respective OMH Unit Chief for notification and scheduling of required 30 and 90 day evaluations. All inmate refusals should be documented by DOCCS staff.

5. Parole Board Hearing: Depending on the outcome of a Parole Board Hearing, inmates may experience emotional changes that could make them more at risk for suicidal behavior. Staff should also be aware that even if parole was granted, some inmates may have difficulty with this transition, especially if the inmate has been incarcerated for a lengthy sentence. The prospects of release can be stressful and anxiety-producing. Staff should be especially alert for signs and symptoms of potential self-harm or suicidal behavior prior to and following a Parole Board Hearing. Any concerns should prompt an immediate referral for an OMH evaluation with Form #3150, “DOCCS - Mental Health Referral.”

   OMH staff at all OMH level 1 and 2 correctional facilities will receive a Parole Board Hearing notification list from DOCCS. OMH staff will then identify inmates on the mental health caseload and review their OMH records to determine if any special arrangements should be made regarding how the Parole Board decisions should be communicated to the inmate in accordance with CNYPC Corrections Based Operations Policy #1.15.

D. Placement of Inmates Returned from Escape/Absconding: All inmates returned to DOCCS custody following an escape or absconding will be placed on a suicide watch by DOCCS staff until OMH can evaluate the inmate.

III. TRAINING & EDUCATION

A. Staff Training: Suicides are usually attempted in inmate housing units and often occur during late evening and on weekends when inmates may not be engaged in program activities or as involved with any security and civilian staff or other inmates. Therefore, it is much more likely that a suicide may be prevented by security staff that have been trained in suicide prevention and have developed an intuitive sense about the inmates under their custody and care. Since Correction Officers are often the only staff available 24 hours a day, they form the "front line" of defense in preventing suicides.

A comprehensive Suicide Prevention and Intervention Training Program will include:

1. Pre-Service Training: Correction Officer recruits shall complete 24 hours of specialized mental health training, including at least eight hours training about the prevention of suicide, the types and symptoms of mental illness, the goals of mental health treatment, and training in how to effectively and safely manage inmates with mental illness prior to being assigned to a facility. Training will take place over the course of three days.
2. In-Service Training: At least annually, all security and civilian staff with direct inmate contact will receive a one hour formal Suicide Prevention and Intervention training. Areas covered will include, but not be limited to: symptoms and predisposing factors of potentially suicidal inmates; risk factors in the evaluation of suicidal potential; management of potentially suicidal inmates; and completion of DOCCS Form #3150. All DOCCS Sergeants will receive training on the proper completion of Form #3152-SHU/KL. The video which details the completion of this form should be shown to all new Sergeants as a part of their orientation at their first facility assignment. The Regional Training Office should prepare an RTF-SLMS with the appropriate code to indicate the individual has completed this training. In addition, security staff attending the DOCCS Sergeant and Lieutenant School will also be trained in their role in the prevention of inmate suicides, including the proper completion of Form #3150 and the various suicide prevention screening forms used in the Department. Medical staff will receive in-service training regarding the proper completion of Form #3278MH, Form #3278MED, Form #3278PREA.
3. Additional Mental Health Training: In addition to training specifically related to suicide prevention, DOCCS and OMH collaborate in the provision of other training related to mental health issues. All staff regularly assigned to SHUs/Separate Keeplock Units at facilities designated as OMH level 1 and 2 will receive four hours of annual training, provided by OMH, that specifically deals with the issues of mental illness and SHU/Separate Keeplock Unit confinement and suicide prevention. All staff regularly assigned to OMH Satellite Units (RCTPs) will receive eight hours of annual training that relates to mental health issues and the operations of those units.

4. DOCCS staff regularly assigned to the Intermediate Care Programs (ICPs), the Therapeutic Behavioral Unit (TBU), Group Therapy Programs (GTPs), the Behavioral Health Unit (BHU), the Intensive Intermediate Care Program (IICP), and Residential Mental Health Units (RMHUs) shall receive training annually to include at least eight hours of training about the types and symptoms of mental illnesses, the goals of mental health treatment, the prevention of suicide, and training in how to effectively and safely manage inmates with mental illness.
5. Emergency Response Training: All security staff who has regular contact with inmates shall receive standard first aid and cardiopulmonary resuscitation/automatic external defibrillator (CPR/AED) training. All staff shall also be trained in the use of various emergency equipment that is located in each housing unit.

B. Inmate Awareness: Inmate awareness of suicide risk factors is important since they are most likely to see or hear any early signs or symptoms of suicidal behavior. Therefore, DOCCS will provide inmates with the following information to help them identify these potential suicide indicators and determine the appropriate response:

1. At Reception and Intake: A suicide prevention video will be shown to all inmates. Each inmate will also receive Form #DC056 which is designed for inmates to keep in their possession. They will also be given an orientation about the mental health services that are provided by OMH staff and how to access that mental health care if needed.
2. Initial Interview: Each inmate will be interviewed and assessed by the assigned ORC within five days of arrival at a new facility. As part of the interview/assessment, specific questions are included to assess for suicidal risk. If an inmate responds in the affirmative or refuses to answer questions regarding history of suicide attempts or thoughts of self-harm, staff must make an immediate referral to Mental Health. In facilities without OMH staff on site, staff will make an immediate referral to Medical staff (MD, PA, NP, RN) who will further examine/assess and consult with the Watch Commander as per procedures outlined below in Section IV of this directive.
3. Facility Orientation: Will include information about mental health services, potential suicide indicators, and procedures for mental health referrals. A suicide prevention video will also be shown at all facility orientations, along with distribution of Form #DC056 to all inmates in attendance.
4. Inmate Program Associate (IPA) and Group Leader Awareness: As part of the IPA and Group Leader curriculum, inmates working in a Mental Health Program will be provided with information as described above. This information is not designed to train the IPA candidate how to teach other inmates about suicide prevention, but simply to increase IPA awareness of the issue and ways to support their peers by alerting staff as necessary. IPAs assigned to work in any mental health special program will receive specialized training to assist the mental health population and encourage recovery.

IV. REFERRAL AND EVALUATION: Through observation of behavior, screening measures, or personal request, an inmate must be referred to OMH for a comprehensive mental health evaluation whenever he or she appears to be at risk of, or has engaged in self-harm or suicidal behavior. In accordance with CNYPC Corrections Based Operations Policy #1.3, any referral suggesting that the inmate is at imminent risk for self-harm or injury to others, requires that the inmate be assessed immediately and/or placed on a Suicide Watch. All other referrals are addressed within a time frame that is consistent with the nature of the referral and within 14 days.

A. In an OMH Level 1 Facility with Full Time OMH Staff on Duty until 10 pm

1. If an inmate is identified as being in need of an immediate referral to OMH, call Mental Health, notify your supervisor and notify the Watch Commander. Do not leave the inmate unattended. Once OMH has responded, all relevant referral forms or screening documentation must be hand delivered to the OMH Unit.
2. If an inmate is identified as being in need of a regular referral to OMH, notify your supervisor and forward the relevant referral/screening form to OMH.

B. In an OMH Level 1 Facility after 10 pm

1. If an inmate is identified as being in need of an immediate referral to OMH, notify your supervisor and the Watch Commander. Do not leave the inmate unattended. The Watch Commander will contact Medical staff (MD, PA, NP, RN) who will further examine/assess for imminent risk of self or injury to others. For an inmate determined to be at imminent risk of self-harm, the Watch Commander will notify the Officer of the Day to determine appropriate safety precautions and if an inmate requires a Suicide Watch. Safety precautions may include placing the inmate on a Suicide Watch in RCTP, RCTP overflow, or by assigning a same gender (absent exigent circumstances) Correction Officer to provide direct and continuous observation of the inmate in a cell or designated area in the facility until OMH can assess the inmate on the next business day. The mental health referral/screening forms should be hand delivered to the Mental Health Unit so it is in OMH's possession for review on the next business day.
2. If an inmate is identified as being in need of a regular referral to OMH, notify your supervisor and forward the relevant referral/screening form to OMH.

C. In an OMH Level 2 Facility with Full Time OMH Staff (During Business Hours)

1. If an inmate is identified as being in need of an immediate referral to OMH, call Mental Health; notify your supervisor and the Watch Commander. Do not leave the inmate unattended. Once OMH has responded, all relevant referral/screening forms must be hand delivered to OMH Unit.
2. If an inmate is identified as being in need of a regular referral to OMH, forward the relevant referral/screening form to OMH.

D. In an OMH Level 2 Facility with Full Time OMH Staff (After Business Hours)

1. If an inmate is identified as being in need of an immediate referral to OMH, notify your supervisor and the Watch Commander. Do not leave the inmate unattended. The Watch Commander will contact Medical staff (MD, PA, NP, RN) who will further examine/assess for imminent risk of self or injury to others. For an inmate determined to be at imminent risk of self-harm, the Watch Commander will notify the Officer of the Day to determine appropriate safety precautions and if an inmate requires a Suicide Watch. Safety precautions may include placing the inmate on a Suicide Watch in a cell or designated area in the facility until OMH can assess the inmate on the next business day. The relevant referral/screening form should be hand delivered to the Mental Health Unit so it is in OMH's possession for review on the next business day.
2. If an inmate is identified as being in need of a regular referral to OMH, forward the relevant referral/screening form to OMH.

E. In a Facility with Part Time or No OMH Staff

1. If an inmate is identified as being in need of an immediate referral to OMH, notify your supervisor and the Watch Commander. Do not leave the inmate unattended. The Watch Commander will contact Medical staff (MD, PA, NP, RN) who will further examine/assess for imminent risk of self-harm or injury to others. For an inmate who is determined to be at imminent risk of self-harm, the Watch Commander will notify the Superintendent, during business hours, to determine appropriate safety precautions and if an inmate requires a Suicide Watch, while Medical staff contacts the OMH Catchment Area Unit Chief or designee to notify them of the need for assessment by an OMH clinician. After normal business hours, for the inmate determined to be at imminent risk of self-harm, the Watch Commander will notify the Officer of the Day to determine appropriate safety precautions and if an inmate requires a Suicide Watch. Safety precautions may include placing inmate on a Suicide Watch in a cell or designated area in the facility until in-transit movement to the Catchment Mental Health Unit in accordance with Directive #4301, "Mental Health Satellite Services and Commitments to CNYPC." The relevant referral/screening form must be sent with the inmate to the Satellite Mental Health Unit.
2. If an inmate is identified as being in need of a regular referral to OMH, notify your supervisor and forward the relevant referral/screening form to Medical. Upon receipt of the documentation, Medical staff (MD, PA, NP, RN) will further examine/assess the inmate and document any supplemental information obtained in the interview and any further observations that will assist OMH in their evaluation of the inmate. The inmate will be scheduled for an appointment at the Catchment Unit in accordance with Directive #4301.

V. SUICIDE AND SPECIAL WATCHES

A. Generally: Suicide Watches may be imposed to monitor inmates who, by their words or observed behavior, appear to be threats to themselves. Suicide Watches serve to maintain good order and safety within a facility and also facilitate management and assessment of inmates with acute mental illnesses.

B. Authorization: Any member of the OMH clinical staff may place an inmate on a Suicide Watch. In the absence of OMH staff, Medical staff (MD, PA, NP, RN) and/or the Watch Commander may place an inmate on a Suicide Watch. During regular business hours, the Watch Commander shall notify the Superintendent to determine if an inmate requires a Suicide Watch as described in Section IV. After regular business hours, the Watch Commander shall notify the Officer of the Day to determine if an inmate requires a Suicide Watch as described in Section IV. The Unit Chief must ensure that there are procedures in place for DOCCS to notify the OMH Unit Chief or designee, when OMH staff is not on site, by providing a contact number to the Watch Commander. The Unit Chief, or designee, will ensure that an OMH clinician evaluates the inmate at the beginning of the next business day.

C. Location: The primary location for a Suicide Watch is a correctional facility with an OMH Satellite Unit. A facility without a Satellite Unit may place the inmate in an identified cell* or room suitable for a Suicide Watch or may request an emergency transfer in accordance with Directive #4301.

*All facilities shall identify cells or rooms suitable for Suicide Watches. The rooms should be such that the Correction Officer is able to provide direct, constant visual observation of the inmate. Inmates placed on a Suicide Watch in non-Satellite Unit facilities, or in overflow areas in facilities with Satellite Units, will be provided with the same minimum standard items as available in Satellite Units. These designated cell(s) or room(s) will be utilized should access to an observation (OBS) cell be required and the inmate is unable to be moved at that time, or if all existing OBS cells are occupied.

D. Suicide Watches

1. Definitions

a. One-on-One Suicide Watch: In cases where a single inmate is to be watched or where constant observation is required, the Watch will consist of direct, constant visual observation of the inmate by a Correction Officer of the same gender as the inmate in accordance with Directive #2230, “Guidelines for Assignment of Male and Female Correction Officers.” When exigent circumstances exist, cross-gender coverage of an inmate on a Suicide Watch is permissible (exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility). Any inmate on a Suicide Watch must be under constant visual observation.

b. One-on-Two Suicide Watch: In cases where there are two inmates to be watched, the Watch will consist of one Correction Officer of the same gender as the inmates simultaneously observing both inmates at all times. Inmates on a one-on-two Suicide Watch must be placed in adjacent individual cells/rooms. Based on the physical characteristics of the cells at a particular location, the facility Watch Commander, in consultation with the Deputy Superintendent for Security (DSS), will determine the appropriate Correction Officer to inmate ratio needed to provide a Suicide Watch for more than one inmate. The ratio will never exceed one Correction Officer providing constant and simultaneous observation of two inmates.

When exigent circumstances exist, cross-gender coverage of an inmate on a Suicide Watch is permissible (exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility). Any inmate on a Suicide Watch must be under constant visual observation.

2. An inmate, regardless of OMH level, who requires outside hospitalization due to engaging in suicidal and/or self-harm behavior, will be placed on a 1:1 Suicide Watch upon his or her return to the correctional facility. Prior to RCTP admission, the inmate will require clearance by Medical staff (MD, PA, NP, RN). The inmate will remain on the Watch until evaluated by a Psychiatrist or an OMH Nurse Practitioner.

E. Special Watches: Inmates placed in RCTP observation cells who are not on a Suicide Watch are considered to be on a Special Watch. The Correction Officer must make continuous rounds, every 15 minutes, between the inmates on the Watch.

In addition to the required rounds, there are video monitors at the Officer's station which allow the Officer to observe the inmate in each cell. In accordance with Directive #2230, observation shall be conducted by a Correction Officer of the same gender as the inmate. Any behavior by an inmate in the cells observed by the Officer shall be documented in the unit activity logbook.

F. Notification: In those instances when the Watch Commander, after consulting with Medical staff (MD, PA, NP, RN), determines a Suicide Watch is necessary (in the absence of facility OMH staff), it will be their responsibility to notify OMH. The Watch Commander will then log who made the notification, the time, and the name of the OMH staff notified. The notification of the Watch Commander will be done immediately. The Unit Chief must ensure that there are procedures in place for DOCCS to notify the OMH Unit Chief or designee, when OMH staff is not on site, by providing a contact number to the Watch Commander. The Unit Chief, or designee, will ensure that an OMH clinician evaluates the inmate at the beginning of the next business day.

Note: In the event that the Watch Commander orders a Suicide Watch, he or she shall follow the same guidelines as stated above regarding the notification of the appropriate OMH staff.

G. Minimum Standard Items

1. When an inmate is placed on a Suicide Watch, the following minimum standard items must be issued until he or she has been evaluated by an OMH clinician:

- 2 mats*
- Smock*
- Paper slippers*
- Standard mattress (non-Satellite Units); Densified polyester mattress (Satellite Units)
- Toilet paper as needed
- Eating utensils (to be returned following use)

- Female inmates housed in OBS will be provided with underwear and sanitary pads while menstruating.
- Eco-security Utensil (given in lieu of eating utensil) requires approval of Unit Chief and/or the DSS, unless the eco-security utensil is being ordered by a medical provider for medical reasons.
- Observation Wrap (given in lieu of smock) requires approval of the Unit Chief and/or the DSS.

*Facilities are expected to use observation smocks, paper slippers, and flame retardant cell pads (mats) which may be obtained by purchase order. Additionally, if an inmate in RCTP requires out-of-cell services (e.g., private clinical interview or shower), they will be provided a slip-on sandal for wear outside of the OBS cell. The slip-on sandal is to be used for out-of-cell movement only and should not be provided for use in an observation cell.

The out-of-cell sandal must be sanitized with CORCRAFT Germicidal Cleaner before being re-issued for use to another inmate in RCTP. The minimum standard items and slip-on sandal may be obtained by purchase order from the following companies:

- Corcraft Marketing and Sales (for smocks and mats only)

By Mail:		By FAX:
Attention: Order Services Corcraft, 550 Broadway Albany, NY 12204	or	Attention: Order Services (800) 898-5895

Smocks and mats must be inspected before they are distributed and on a daily basis. If the items appear damaged or altered they must be replaced. Sufficient quantities should be maintained to ensure laundering of items.

- Moore Medical Supply (for paper slippers Item #64525 – One size fits all)

Website	or	Phone
www.mooremedical.com		(800) 234-1464

- Bob Barker Company, Inc. (for Slip-on PVC Sandal, White – Item #80319-size, i.e., #80319-7, for a size 7)

ATTN: Tammy M. Norton (or current), Account Manager				
Phone	or	Fax	or	E-mail
(877) 409-9846		(800) 322-7537		tammynorton@bobbarker.com (or current account manager)

Any questions regarding the purchasing of smocks, mats, paper slippers, or slip-on sandals can be addressed to the Director of DOCCS Bureau of Mental Health Services.

2. Personal hygiene items (e.g., toothbrush, toothpaste, washcloth, and soap) may be issued when authorized by an OMH staff member. In the absence of OMH staff, these items may be issued at the discretion of medical and security staff. Issuance and return of any item must be noted in the Suicide Watch logbook (see Section V-I, below). Note: Only one Styrofoam cup may be retained in the cell/room.
3. A minimum standard item may be changed or removed if the Psychiatrist, Unit Chief, or designee determines that there is substantial risk that the inmate will engage in self-harm. In the absence of OMH staff, if an inmate subsequently attempts to or uses any of these items in a way to harm himself or herself, the Watch Commander may order such item(s) removed. Issuance and return of any item must be noted in the Suicide Watch logbook.

H. Admission/Documentation/Equipment

1. Inmates placed on a Suicide/Special Watch in an OMH Satellite Unit, as described in this policy, will receive a medical examination/assessment to include vital signs, upon admission. If the Office of Mental Health staff is not present at the time the inmate is placed on a Suicide/Special Watch, the examination/assessment will be done by Medical staff (MD, PA, NP, RN). All inmates placed on a Suicide Watch outside of OMH Satellite Units must have a medical examination/assessment, including vital signs, by Medical staff (MD, PA, NP, RN) when placed on the Watch. For any inmate that requires transfer or in-transit movement to a Satellite Unit, policies and procedures as outlined in DOCCS Directive #4301 must be followed to include medical examination/assessment and documentation that the inmate is stable for transport.
2. The Correction Officer assigned to the RCTP responsible for maintaining the unit activity logbook will record the temperature reading from the wall-mounted thermometer in the RCTP observation cell area at the beginning of each shift.
3. The Correction Officer assigned to constantly observe an inmate placed on a Suicide Watch will be issued a Radio/Personal Alarm System (PAS). The volume should be maintained at the lowest level and the radio used to communicate in an emergency situation.
4. Suicide Watch cell(s) or room(s) shall be thoroughly searched prior to and at the conclusion of a watch. The person performing the search shall record the date, time, and findings in the Suicide Watch logbook.
5. Prior to placement in the Watch cell or room, the inmate shall be subjected to a metal detector search (with a hand-held metal detector, B.O.S.S. chair, or both) and a strip frisk. DOCCS Form #1140-SHU, “Report of Strip Frisk on Admission to SHU or MHU Cell/Room,” shall be completed upon admission to SHU or an MHU cell/room. OMH will complete Form #MEDCNY455, “Central New York Psychiatric Center RCTP Monitoring Chart,” and post it outside of the observation cell or room. Form #MEDCNY455 is only utilized in Satellite Units.

6. The Correction Officer responsible for conducting the Watch and maintaining constant, visual observation as required in Section V-D-1-a, above, shall record the behavior and condition of the inmate in the Suicide Watch log at 15 minute intervals, and shall make an immediate logbook entry whenever a significant change in behavior or condition (e.g., mood change, eating pattern, etc.) occurs. In cases where a single inmate is to be watched or where constant observation is required, the Watch will consist of direct, constant visual observation of the inmate by a Correction Officer.
7. All meals shall be inspected prior to delivery. Only plastic utensils shall be used unless not authorized on the RCTP Monitoring Chart posted outside the observation cell, and the issuance and return of all items noted in the Suicide Watch logbook.
8. Whenever an inmate is on a Suicide Watch, the Watch Commander and Area Supervisor on each shift shall conduct an unscheduled inspection and ensure that the procedures set forth in this directive are followed. They shall review and sign the Suicide Watch log in red ink.
9. The assigned Correction Officer shall maintain a high degree of alertness and must not leave the post until properly relieved. The Officer shall report any pertinent information or special instructions to the relieving Officer.
10. In consultation with OMH, the DSS has authorization to remove a minimum standard item provided to an inmate and must document such removal in the Special Watch logbook.

I. Suicide Watch Log: A separate logbook will be maintained to keep a record of Suicide Watches. The logbook shall be a chronological listing of each Suicide Watch that occurs during a given calendar year. At the end of each year, the logbook will be turned over to the DSS for proper storage and a new logbook will be started. When an inmate who is in RCTP is actively hunger striking (per DOCCS Directive #4309, "Inmate Hunger Strike"), DOCCS medical and security staff will be responsible for documentation of the initiation of the Hunger Strike. DOCCS medical staff will document it in the Ambulatory Health Record (AHR). DOCCS security will document it in the RCTP logbook. Entries must begin with the standard "Suicide Watch Stamp," Form #1140, "Report of Strip Search or Strip Frisk," and corresponding information. Entries must also include, but are not limited to:

1. Name of Correction Officer searching cell/room prior to beginning the Watch and the findings of the search;
2. Name, DIN, date and start time of Watch;
3. Name of the Officer conducting Watch;
4. Who authorized the Watch (obtained from Watch Commander);
5. Type of Watch;
6. Name and title of any individual that visits the inmate, the reason for the visit, and the length of time;
7. Name of the unit Security Supervisor;

8. A list of the minimum standard items issued to the inmate, as well as the name and title of the staff that authorized or removed any item;
9. The name of the OMH clinician, date, time the inmate is removed from a Suicide Watch and his or her final placement;
10. The assigned Correction Officer shall record the behavior and condition of the inmate in the Suicide Watch log at 15 minute intervals, and shall make an immediate logbook entry whenever a significant change in behavior or condition (e.g., mood change, eating pattern, etc.) occurs;
11. Each time an OMH clinician evaluates an inmate on a Suicide Watch in an RCTP, to include those on active hunger strike (per Directive #4309 and CNYPC CBO Policy #1.11); and
12. Hunger Strikes: The clinician will review the entries in the Suicide Watch Log and sign the log. The RCTP Officer will note in the logbook, at a minimum, the following whenever the inmate is out of cell for an interview:
    a. Date and time;
    b. Observation cell number;
    c. Inmate's name and DIN;
    d. Name of staff person interviewing the inmate;
    e. Start and end time of the interview; and
    f. If the inmate has refused the interview.

    NOTE: Additionally, all clinical cell side contact will be recorded in the RCTP logbook documenting the time, name(s) and title(s) of the clinical contact(s).

J. <u>Evaluation</u>

1. An OMH Psychiatrist or Unit Chief or designee will review the need for a continued Suicide Watch at least once every business day.
    a. At facilities with Satellite Units, OMH staff will evaluate an inmate on a Suicide Watch at least once every shift between the hours of 7:00 a.m. and 11:00 p.m., seven days a week. Inmates placed on a Suicide Watch in non-Satellite Units will be evaluated by OMH staff at the site of the Suicide Watch. If OMH staff is not on site at the time of the incident, the inmate may be transferred to a facility with full-time OMH staff and a Satellite Unit by utilizing procedures outlined in Directive #4301.
    b. In the absence of OMH staff, Medical staff (MD, PA, NP, RN) will contact the Mental Health Unit Chief in the Catchment Area and follow procedures outlined in DOCCS Directive #4301. Any resolution regarding a Suicide Watch must be determined within 48 hours. If a Suicide Watch exceeds 48 hours in a non-Satellite Unit facility, DOCCS Medical staff (MD, PA, NP, RN) shall notify the Watch Commander and OMH Unit Chief or designee via e-mail, followed by a telephone call. The Watch Commander shall then notify the Officer of the Day or Superintendent, and record such notification in the Watch Commander's Log.

2. A Suicide Watch may only be discontinued by the OMH Psychiatrist, OMH Unit Chief, or designee. When a Suicide Watch is discontinued, the Watch Commander will be notified immediately. The Watch Commander shall record the time and name of the person authorizing the discontinuation of the Suicide Watch in the Watch Commander's Log, and notify the Officer of the Day.

VI. RESPONSE TO SUICIDE ATTEMPTS

A. Any Correction Officer who discovers an inmate engaging in self-harm shall immediately survey the scene to assess the severity of the emergency. The Correction Officer shall remain at the scene and alert other staff to call for Medical staff, retrieve the housing unit's emergency response bag (that includes a first aid kit; pocket mask, face shield, or Ambu-bag), and begin standard first aid and/or CPR as necessary per Directive #4059, "Response to Health Care Emergencies."

B. Correctional personnel shall never wait for medical staff to arrive before entering a cell and initiating appropriate life-saving measures immediately on-site. Further, staff shall not presume that the victim is dead. Staff must initiate and continue appropriate life-saving measures on-site until relieved by arriving Medical staff.

C. Although not all suicide attempts require emergency medical intervention, all suicide attempts shall result in immediate intervention and follow up assessment by Mental Health staff or, if no Mental Health staff is available, a Suicide Watch will be initiated.

D. All precautions will be taken to preserve evidence of the incident in its original state.

E. Refer inmate to Mental Health as per the procedures outlined in Section IV of this directive.

VII. BEHAVIORALLY SPECIFIC REPORTS

A. Per Directive #4004, "Unusual Incident Report," each facility shall report to the Command Center all occurrences which satisfy the definition of an "Unusual Incident" (UI) using the Department's computerized Unusual Incident System (UIS). See Directive #4004 for specifics related to report contents and procedures. Categories of incidents warranting an Unusual Incident Report include many areas, but those related to a suicide attempt should include, at a minimum, the following information:

1. How attempted;
2. Exact location of attempt;
3. Who discovered the attempt (e.g., staff or inmate);
4. Emergency response including names of staff who performed CPR or applied AED;
5. Was inmate brought to an outside hospital;
6. Name of hospital, extent of injury, reported prognosis for recovery;
7. Placement of inmate after treatment (Suicide Watch or observation); and
8. Inmate's alleged reason for his or her actions, if known.

B. If death occurred as a result of this attempt, after the preliminary UI is approved, the "type of incident" code (04 "Death"), sub-category (04 "Inmate - Suicide") must be added to the final report.

C. Following a suicide, the victim's family or pre-designated individual shall be notified, as well as appropriate outside authorities, in accordance with Directive #4013, "Inmate Deaths-Administrative Responsibility."

VIII. INCIDENT REVIEW

A. Interdisciplinary Review

1. In the event of an inmate suicide, as well as serious suicide attempt (i.e., requiring hospitalization), a comprehensive report and clinical and administrative review shall occur in accordance with Directive #4013 and Correction Law Section 47.
2. A mortality review should be conducted by appropriate facility DOCCS staff, separate and apart from other formal investigations that may be required to determine the cause of death, and should include:
   a. Review of the circumstances surrounding the incident;
   b. Review of facility procedures relevant to the incident;
   c. Review of all relevant training received by involved staff;
   d. Review of pertinent medical and mental health services/reports involving the victim;
   e. Review of possible precipitating factors (i.e., circumstances which may have caused the victim to commit suicide); and
   f. Recommendations for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

   NOTE: All findings and recommendations shall be forwarded to the facility Superintendent.

B. Suicide Assessment/Mortality Review Committee: The DOCCS Suicide Assessment/Mortality Review Committee meets to review all facts available initially following the completed suicide of an inmate in the NYS DOCCS system. The committee meets within 48 to 72 hours following an inmate suicide. The committee is comprised of staff from Correctional Facility Operations, DOCCS Office of Special Investigations (OSI), Division of Health Services, and DOCCS Bureau of Mental Health Services. A preliminary report of all facts and findings compiled by the DOCCS Bureau of Mental Health may be used to assist in the review of current policies and procedures to examine a possible need for improvement at the facility and/or agency level. The final completed report will be submitted to the Commissioner by DOCCS OSI, including the toxicology and autopsy reports for the inmate.

C. Joint OMH/DOCCS Suicide Workgroup: This Workgroup is comprised of DOCCS Central Office staff from the Bureau of Mental Health, Health Services, Special Operations, OMH staff from Forensic Services, CNYPC in-patient and CBO operations, and Risk Management. This committee will meet monthly to review recent suicides and suicide attempts. Policies and procedures of both agencies regarding suicide prevention are also reviewed for continued quality assessment and recommendations for quality improvement.

D. Staff Critical Incident Debriefing: In accordance with Directive #4026, "Critical Incident Stress Management Plan," it is the policy of the Department to maintain Critical Incident Stress Management (CISM) teams in each HUB.

1. The Superintendent of each facility is responsible for making the determination of need for CISM services. This determination will be made in accordance with procedures delineated in Directive #4026.
2. When it is indicated, every effort will be made to schedule sessions to occur within 24 to 72 hours after the incident.
3. These sessions include confidential individual and group sessions without the presence of command personnel to encourage and allow exposed employees to speak freely, debrief, and partake in a comprehensive stress management program.

E. Inmate Support: In the event of an inmate suicide, serious suicidal attempt or suicidal incident, the Superintendent or designee will meet with the ILC and/or population living in the area affected by the incident in order to inform the inmate population of the critical incident (minus any confidential/security or HIPAA information) and dispel any false information being shared. In the event that an inmate is identified as affected by another inmate's suicidal behavior and experiencing difficulty coping with the event, procedures will be followed for an immediate mental health referral, per Directive #4301.

EXHIBIT B

NEW YORK STATE Corrections and Community Supervision **DIRECTIVE**	TITLE **Transfers to Health/Mental Health Care Units**		NO. 4302 DATE 06/07/2021
SUPERSEDES DIR. #4302 Dtd. 05/30/19	DISTRIBUTION A	PAGES PAGE 1 OF 8	DATE LAST REVISED
REFERENCES (Include but are not limited to) ACA Expected Practices 5-ACI-5B-11, 5-ACI-5E-04, 5-ACI-6A-32, 5-ACI-6A-38, 5-ACI-6A-05, 5-ACI-6A-37, 5-ACI-6C-06, 5-ACI-6C-12, 2-CO-4B-01, 2-CO-4B-04, 2-CO-4F-01, 1-ABC-4E-34, 1-ABC-4E-38, 1-ABC-4F-02; Directives #0701, #2612, #4301	APPROVING AUTHORITY John Morley, MD Bryan Hall		

I. PURPOSE: To set forth the procedure for processing transfer requests for admission to or discharge from Health/Mental Health Care Units.

II. DEFINITION: Health/Mental Health Care Units are designated units which provide services to those incarcerated individuals with a mental or physical condition that requires different accommodations than a general population incarcerated individual. These units provide services to incarcerated individuals who have been assessed as being developmentally disabled, mentally ill, physically handicapped, sensorially disabled, or chronically ill. Refer to the DOCCS Bureau of Mental Health Program Descriptions for the unit/program descriptions (see Attachment A).

III. APPLICABILITY: The transfer procedures set forth herein (Sections IV below) shall apply to all incarcerated individuals who meet the following criteria:

A. Incarcerated individuals who have gone through the extended classification procedure and have been recommended for one of the special needs programs.

B. Incarcerated individuals transferring to Regional Medical Units (RMU) (located at Fishkill, Coxsackie, Walsh/Mohawk, Wende, and Bedford Hills) or for other medical reasons.

C. Incarcerated individuals that are routinely placed in facilities which have 24-hour nursing care (excluding trips to outside hospitals or medical care providers).

D. Incarcerated individuals transferring for on-site dialysis services at Fishkill, Elmira, and Wende.

E. Incarcerated individuals being transferred to or from the Unit for the Cognitively Impaired (UCI) at Fishkill.

F. Incarcerated individuals transferring for medical/mental health reasons for service level change. This excludes admissions to Central New York Psychiatric Center (CNYPC) or emergency in-transit transfers to Residential Crisis Treatment Programs (RCTP) outlined in Directive #4301, “Mental Health Satellite Services and Commitments to CNYPC” (i.e., service level change).

G. Incarcerated individuals transferring to or from the Assessment and Program Preparation Unit (APPU) at Clinton, if on the OMH caseload. If not on the caseload, the Office of Classification and Movement will sign off on placement recommendation.

H. Incarcerated individuals transferring to or from all Residential Mental Health Units (RMHU), Behavioral Health Units (BHU), Therapeutic Behavioral Units (TBU), Intermediate Care Programs (ICP), Intensive Intermediate Care Programs (IICP), Transitional Intermediate Care Programs (TrICP), and Special Housing Unit (SHU) Group Therapy Programs (GTP).

I. Incarcerated individuals transferring to or from the Eastern New York Correctional Facility Sensorially Disabled Unit (SDU), as well as incarcerated individuals transferring to Albion, Bedford Hills, Eastern, Five Points, Lakeview, Sullivan, Taconic, Willard, Wende, Woodbourne, Wyoming, and work release facilities for access to services pursuant to Directive #2612, "Incarcerated individuals with Sensorial Disabilities."

J. Incarcerated individuals transferring to or from the Special Needs Units (SNU) at Sullivan, Wende, Bedford Hills, Clinton, and Woodbourne and the Transitional SNU at Clinton, Wende, and Woodbourne.

K. Incarcerated individuals transferring to or from the Community Orientation and Re-Entry Program (CORP) at Sing Sing and the Safe Transition & Empowerment Program (STEP) at Bedford Hills.

IV. TRANSFER TO OR FROM HEALTH/MENTAL HEALTH CARE UNIT

A. Facilities or Reception and Classification

1. Submit a priority Unscheduled Transfer Review (UTR) to the Office of Classification and Movement.
2. Fax, or scan and e-mail, all required supportive documentation directly to the DOCCS Bureau of Mental Health Services and/or the Division of Health Services.
3. Updates the incarcerated individual's Medical Service Level Code in FHS1 prior to transfer.

B. Office of Classification and Movement: Forwards the UTR to the DOCCS Bureau of Mental Health Services and/or the Division of Health Services.

C. DOCCS Bureau of Mental Health Services: Reviews the UTR, makes a recommendation relative to program or facility placement, enters recommendation via automated transfer review system, and forwards it to the Assistant Director of Mental Health Services.

D. Health Services Classification Analyst/Designee

1. Reviews the recommendation and makes a decision to approve, deny, or modify based on the recommendation.
2. Forwards the UTR with the recommended action to the Bureau of Mental Health Services for action.

E. Assistant Director of DOCCS Bureau of Mental Health Services

1. Reviews the recommendation and makes a decision to approve, deny, or modify based on the recommendation.
2. Forwards the UTR with the recommended action to the Office of Classification and Movement for action.

F. The Office of Classification and Movement

1. In accordance with established population and security parameters, and also having reviewed all transfer recommendations, the Office of Classification and Movement issues an appropriate Transfer Order (If required, the Office of Classification and Movement will contact appropriate offices for further input as necessary).
2. Transfers of incarcerated individuals designated as CMC A or CMC B will be managed as per Directive #0701, “Central Monitoring Cases.”

G. Seriously Mentally Ill (SME) Cases

1. For incarcerated individuals being considered for transfer to a special program due to disciplinary action, an automatic referral will be generated for any incarcerated individual with SMI designation having SHU or Keeplock sanction of more than 30 days from the date the disciplinary hearing was completed. A UTR is not necessary.
2. An automatic referral will not be generated for incarcerated individuals assigned by the RMU, SNU or the UCI. If an incarcerated individuals requires transfer from any of the above units for alternate special program consideration, facility guidance staff must submit a priority UTR, using referral reason code 63-Residential Mental Health Programs.

New York State Department of Corrections and Community Supervision

DOCCS Bureau of Mental Health

Program Descriptions

NYS DOCCS partners with NYS OMH in providing special programs along a continuum of care for incarcerated individuals with mental illness. Special programs and services are also available to incarcerated individuals with sensorial disabilities and intellectual or developmental disabilities. This brochure provides a brief description of these program options. If you have questions or require more information, please call the NYS DOCCS Bureau of Mental Health at (518) 445-6071.

NYS DOCCS Mission Statement

To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all Incarcerated Individuals' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence.

Special Programs Descriptions

RMHU – Residential Mental Health Unit

The RMHU provides services to incarcerated individuals who are designated Seriously Mentally Ill (SMI) and serving SHU sanctions. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. This program is located at Marcy, Five Points, and Coxsackie Correctional Facilities.

BHU – Behavioral Health Unit

The BHU provides services to incarcerated individuals who are designated SMI and serving SHU sanctions. The incarcerated individuals are offered two hours of structured, out-of-cell therapeutic programming five days per week. The BHU is located at Great Meadow Correctional Facility. Incarcerated individuals who successfully complete Phase 1 milestones in the BHU are transitioned to one of the RMHUs.

IICP – Intensive Intermediate Care Program

The IICP provides services to incarcerated individuals who are designated SMI and serving long-term Keeplock sanctions. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. The IICP is a 38-bed unit located at Wende Correctional Facility.

TBU – Therapeutic Behavioral Unit

The TBU provides services to female incarcerated individuals who are designated SMI and serving SHU sanctions. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. The TBU is located at Bedford Hills Correctional Facility.

SHU GTP – Special Housing Unit Group Therapy Program

Incarcerated individuals who are designated as SMI and have been determined to be exceptional circumstance cases as they pose an unacceptable risk to the safety and security of staff, incarcerated individuals, and/or the RMHU facility. The incarcerated individuals are offered two hours of structured, out-of-cell therapeutic programming five days per week. The treatment goal is for these incarcerated individuals to benefit from psychiatric and behavioral interventions and be reintegrated into the RMHU. This program is located at Albion, Attica, Clinton, Elmira, and Five Points Correctional Facilities.

ICP – Intermediate Care Program

The ICP is a RMHTU for OMH 1 and OMH 1S incarcerated individuals. The ICP is a therapeutic community which provides rehabilitative services to incarcerated individuals who have difficulty functioning in general population because of their mental illness. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. The following correctional facilities are OMH Level 1 with an ICP: Albion, Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Five Points, Great Meadow, Green Haven, Mid-State, Sing Sing, and Sullivan.

Discharge ICP – Discharge Intermediate Care Program

The Discharge ICP is an RMHTU for SMI incarcerated individuals with histories of violence and who are within 9-12 months of their approved release dates. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. They are located at Auburn and Sing Sing Correctional Facilities.

Enhanced ICP – Enhanced Intermediate Care Program

The Enhanced ICP is a RMHTU for SMI incarcerated individuals with histories of violence and who are within 18-48 months of their approved release dates. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. They are located at Elmira, Green Haven, and Fishkill Correctional Facilities.

TrICP – Transitional Intermediate Care Program

The TrICP provides OMH case management services to SMI and/or OMH level 1 incarcerated individuals in a general population location. In addition to receiving mental health outpatient services, these incarcerated individuals participate in two groups each week aimed at assisting their adjustment to the regular prison environment. TrICPs are located at: Attica, Auburn, Bedford Hills, Clinton, Elmira, Fishkill, Great Meadow, Green Haven, Mid-State, Sing Sing, and Wende Correctional Facilities.

CORP – Community Orientation and Re-Entry Program

CORP provides SMI incarcerated individuals who are returning to the New York City area with intensive mental health discharge planning services. CORP is a 31-bed unit located at Sing Sing Correctional Facility.

STEP - Safe Transition and Empowerment Program

STEP is a re-entry program for female incarcerated individuals who have a Serious Mental Illness (SMI) and are within 120 days of their release. This program is located at Bedford Hills Correctional Facility.

RCTP – Residential Crisis and Treatment Program

The goal of the RCTP is to evaluate and treat incarcerated individuals in need of short-term crisis intervention. RCTPs are located in 12 OMH Level 1 maximum security facilities (Attica, Auburn, Bedford Hills, Clinton, Elmira, Five Points, Great Meadow, Green Haven, Marcy RMHU, Sing Sing, Sullivan, and Wende) and three OMH Level 1 medium security facilities (Albion, Fishkill, and Mid-State). There is also a Forensic Diagnostic Unit (FDU) at Downstate Correctional Facility.

TTSU – Therapeutic Transitional Supervision Unit

TTSU provides brief, focused treatment and support for incarcerated individuals who have been discharged from RCTP, but require continued support while transitioning back to their housing unit/program.

DOCCS Special Programs

SNU – Special Needs Unit

A SNU is a therapeutic community that provides long-term habilitative services to incarcerated individuals that have been identified as developmentally disabled or who have significant intellectual and adaptive behavior deficits. This program is located at Wende, Sullivan, Clinton, Woodbourne, and Bedford Hills Correctional Facilities.

TrSNU - Transitional Special Needs Unit

The purpose of the TrSNU is to provide needed transitional services to incarcerated individuals with intellectual disabilities who require supportive services in a general population environment. The TrSNU is located at Clinton, Wende, and Woodbourne Correctional Facilities.

CAR – Correctional Alternative Rehabilitation Program

CAR is designed to address the special needs of incarcerated individuals with intellectual and adaptive deficits who are serving disciplinary sanctions in SHU. The incarcerated individuals are offered four hours of structured, out-of-cell therapeutic programming five days per week. The CAR program is located at Sullivan Correctional Facility.

CAR GTP – CAR Group Therapy Program

CAR GTP is a program for CAR incarcerated individuals that have been determined to be exceptional circumstance cases as they pose an unacceptable risk to the safety and security of staff, incarcerated individuals, and/or Sullivan CAR. The purpose of the CAR GTP is to provide the incarcerated individuals with skills needed to return to Sullivan CAR. The incarcerated individuals are offered two hours of structured, out-of-cell therapeutic programming five days per week. This program is located at Green Haven Correctional Facility.

SDU – Sensorially Disabled Unit

DOCCS affords "reasonable accommodations" or modifications to existing policies and procedures in order to allow qualified incarcerated individuals with disabilities the same opportunity as non-disabled incarcerated individuals. Definitions of “reasonable accommodations” and “sensorial disabilities” are provided in DOCCS Directive #2612, which also lists facilities and the level of service available at each facility.

Understanding Mental Health Service Levels

Correctional facilities are classified as Mental Health Service Levels 1, 2, 3, 4, or 6 depending on the amount of mental health services and resources available at the facility.

Level 1: OMH staff are assigned on a full-time basis and able to provide treatment to incarcerated individuals with a major mental illness or in acute crisis. The array of available specialized services includes: RCTP, residential/day treatment, and medication monitoring by psychiatric nursing staff.

Level 2: OMH staff are assigned on a full-time basis and able to provide treatment to incarcerated individuals with a major mental illness, but such disorder is not as acute as that of incarcerated individuals who require placement at a Level 1 facility.

Level 3: OMH staff are assigned on a part-time basis and able to provide treatment and medication to incarcerated individuals who have moderate mental health concerns.

Level 4: OMH staff are assigned on a part-time basis and able to provide treatment to incarcerated individuals who may require limited intervention, excluding psychiatric medications.

Level 6: No assigned OMH staff.

Upon reception into DOCCS and throughout incarceration, incarcerated individuals can be referred and assessed by OMH staff to determine the amount of mental health services required and are then assigned to facilities where that level of service is available.

Diagnostic Criteria for Seriously Mentally Ill (SMI), per the SHU Exclusion Law

- Incarcerated individuals are determined by OMH to have specified mental health diagnoses.
- Actively suicidal or recent, serious suicide attempt.
- Diagnosed with serious mental illness, organic brain syndrome or a severe personality disorder which is manifested in significant functional impairment such as acts of self-harm or other behaviors that have a serious adverse effect on life or on mental or physical health.

Program Terms

CNYPC – Central New York Psychiatric Center

CNYPC provides inpatient psychiatric care and treatment for incarcerated individuals who are mentally ill and a danger to themselves or others. CNYPC is a 208-bed hospital operated by NYS OMH and is located in Marcy, NY.

JCMC – Joint Case Management Committee

The JCMC is a committee consisting of facility DOCCS and OMH staff and is responsible for reviewing, monitoring, and coordinating the behavior and treatment plans for all incarcerated individuals in SHU who are on the OMH mental health caseload.

JCORC – Joint Central Office Review Committee

The JCORC consists of high-level Executive staff from both DOCCS and OMH who have been designated by their respective Commissioners. The JCORC reviews the SHU sentences of incarcerated individuals who receive mental health services and provides oversight for the provisions of the SHU Exclusion Law. The JCORC reviews two facility JCMC meetings each month through the use of video-teleconferencing.

SHU Exclusion Law

Effective date – July 1, 2011. DOCCS and OMH will be responsible for continuing to provide improved access to mental health treatment. Incarcerated individuals designated SMI should be offered a heightened level of care in residential mental health treatment unit settings when doing so will not compromise the safety of incarcerated individuals or other persons or the security of the facility.

RMHTU – Residential Mental Health Treatment Unit

Residential Mental Health Treatment Units include BHU, RMHU, TBU, ICP and IICP. These programs serve incarcerated individuals designated SMI and, in the case of the ICP, OMH level 1. Incarcerated individuals placed in RMHTU's should be offered at least four hours of structured, out-of-cell therapeutic programming five days per week in addition to exercise.

NYS Justice Center for the Protection of People with Special Needs

The NYS Justice Center is responsible for monitoring the quality of mental health care provided to incarcerated individuals under the SHU Exclusion Law.

NYCLU Agreement – New York Civil Liberties Union

A stipulation agreement was made with the New York Civil Liberties Union to remove certain vulnerable populations from SHU confinement to alternative programs, increase system-wide oversight to promote consistent disciplinary practices and confinement sanctions that are appropriate and necessary to protect the safety of both staff and incarcerated individuals, and improve SHU conditions. The Correctional Alternative Rehabilitation Program (CAR) was opened at Sullivan CF as an alternative to SHU program for incarcerated individuals with limited intellectual capabilities/adaptive functioning deficits.

EXHIBIT C

New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Mental Health Services Section: Health Care Services	Number 1.15
Supersedes: 1.15 – 7/30/18	Page: 1 of 1 Date: 9/3/21	
References: Correction Law Section 137, 401, 402, Directive 4101, 4301, 4302, 4307, 4308		
Approved by: John Morley, MD		

I. POLICY:

Mental health and psychiatric services are provided to incarcerated individuals of the Department of Corrections and Community Supervision pursuant to New York State Correction Law Sections 137, 401 and 402 and Department Directives 4101 “Incarcerated Individual Suicide Prevention”, 4301 “Mental Health Satellite Services & Commitments to CNYPC”, 4302 “Transfers to Health/Mental Health Care Units”, 4307 “Intermediate Care Program”, and 4308 “Residential Crisis Treatment Programs (RCTP)”.

II. PROCEDURE:

Specific procedures and manuals for accessing the services covered by this policy are detailed in the above mentioned Directives. Service delivery is coordinated by the Department of Corrections and Community Supervision (DOCCS) Bureau of Mental Health Services in conjunction with the New York State Office of Mental Health (OMH) Bureau of Forensic Services. Direct psychiatric care, including admission to OMH Satellite Units and commitment to Central New York Psychiatric Center (CNYPC), is provided by OMH staff. Other mental health care needs are addressed by DOCCS staff and, in cooperation with OMH staff, by facility-based mental health programs.

EXHIBIT D

New York State Department of Corrections and Community Supervision Division of Health Services POLICY	Title: Health Screening of Incarcerated Individuals Section: Health Care Services	Number 1.44
Supersedes: 1.44 – 7/26/18	Page: 1 of 1 Date:8/9/21	
References:		
Approved by:		

I. POLICY:

Upon arrival at a DOCCS facility, every newly received or transferred incarcerated individual, including incarcerated individuals being moved from an owning correctional facility to the same correctional facility Special Housing Unit (SHU), SHU200 or separate keeplock unit, will receive a health screening by a Registered Nurse (RN). This screening will include an inquiry into the incarcerated individual's current and past health, mental health, and PREA history and immediate referral of any incarcerated individual to a health provider if indicated.

II. PROCEDURE:

A Registered Nurse will perform a health screening on all incarcerated individuals who are newly received or transferred to a facility, or who are admitted into a facility's SHU, SHU200 or separate keeplock unit. The screening will be documented on the following three forms:

- Form 3278MED Health Screening for Reception/Classification, Transfers, SHU, Separate KL Unit
- Form 3278MH Mental Health Screening for Reception/Classification, Transfers, SHU, Separate KL Unit
- Form 3278-PREA PREA Screening for Reception/Classification, Transfers, SHU, Separate KL Unit

A. In accordance with the National Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. 115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent (HIPAA release) from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting unless the incarcerated individual is under the age of 18. As above, informed consent/HIPAA release is not required for a referral to the Office of Mental Health.

B. Completed health screening forms will be filed in the incarcerated individual's Ambulatory Health Record and accompany the incarcerated individual during transfer. These forms will be available for review by the health screening staff of each arrival facility involved in the incarcerated individual's transfer and will serve as a reference tool for the completion of subsequent health screening forms.